

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Weg</i>		<i>9/24/00</i>
O.I.P.E. CLASSIFIER		<i>530</i>	<i>9-22-00</i>
FORMALITY REVIEW	<i>MA</i>		
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>9/24/00</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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